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NATIONAL MENTAL HEALTH ACT.

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U.S. Congress. House. Committee on Interstate and Foreign Commerce.

79TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } { No. 1445

NATIONAL MENTAL HEALTH ACT.

DECEMBER 14, 1945.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PRIEST, from the Committee on Interstate and Foreign Commerce, submitted the following

REPORT

[To accompany H. R. 4512]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H. R. 4512) to amend the Public Health Service Act to provide for research relating to psychiatric disorders and to aid in the development of more effective methods of prevention, diagnosis, and treatment of such disorders, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

1. Page 4, strike out all of line 5 after the letter "(d)" and insert in lieu thereof "The National Advisory Mental Health Council".

2. Page 7, line 20, insert "receiving such training and instruction" after "persons".

3. Page 8, line 2, strike out "clinc" and insert in lieu thereof "clinic".

4. Page 8, line 19, strike out "mental-" and insert in lieu thereof "mental".

5. Page 10, line 3, insert "and" and after the second comma; and in line 4, strike out "problem, and the extent of" and insert in lieu thereof "problem and".

The first, third, and fourth amendments are proposed solely for the purpose of correcting obvious typographical errors.

The second amendment is for the purpose of making it clear that the Advisory Council is to fix the number of persons receiving training and instruction.

Fifth amendment: Section 314 (d) of the Public Health Service Act contains the formula for the making of allotments among the States of funds made available for public health services. The intention of the bill is to modify this formula so as to make specific reference to the mental health problem, without, however, placing that

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problem in a category outside of the program of general public health service (which is separate from the special programs relating to the venereal-disease problem and the tuberculosis problem), of which it is a part under present law. These amendments will clarify the bill so as to make this intention clear.

General Statement

The bill is a revision of H. R. 2550, an earlier bill with the same title and objectives. The revision is designed to fit the provisions of the earlier bill into the framework of the Public Health Service Act (42 U. S. C., ch. 6A) and to meet certain objections to it raised by the Bureau of the Budget, particularly the objection to establishing a separate program for grants-in-aid to the States for mental health work. H. R. 2550, which was a self-contained statement of authority and which, therefore, was not dependent on the Public Health Service Act, furnished a more convenient basis for hearings than does the present bill, particularly from the standpoint of witnesses not familiar with the Public Health Service Act. Hearings were held on H. R. 2550 on September 18, 19, and 21, 1945, at which representatives of the Selective Service System and the armed forces, of the medical profession, of teaching institutions, and of interested professional and civic organizations, appeared. All were agreed on the magnitude of the mental health problem and the dangerous lack of research, facilities, and experienced psychiatrists and other personnel in this field. They were also agreed on the desirability of legislation embodying the principles and objectives of H. R. 2550. The bill here reported gives to the Public Health Service substantially all the authority which would have been granted to it under H. R. 2550, but does so within the framework of the Public Health Service Act.

In the interest of clarity, it is necessary at this point to make reference to the difficulties confronting the committee in choosing appropriate terminology in referring to the types of illness involved in the mental health problem with which the bill deals.

It is apparent to the committee that the nomenclature in this particular field of medical science is not free from confusion. Under these circumstances, the committee has had the problem of choosing terms broad enough to embrace all of the aspects of the mental health problem. In H. R. 2550 the term "neuropsychiatric disorders" was used as an over-all term. As a result of the hearings it became evident that there was a difference of opinion among professional persons concerning the appropriateness of the term "neuropsychiatric." It was brought to the attention of the committee that some psychiatrists believed the term to be too limited in its scope, if not a misnomer, and that the term "psychiatric" would be more satisfactory. In the bill here reported the term "psychiatric disorders" is used. It may be that this term in its normal meaning is broad enough to include any disease of the nervous system affecting mental health, and the committee does not intend to imply otherwise by the language used in defining that term in the bill. However, in view of the apparent disagreement among professional persons the committee felt that when the change in terminology was made from "neuropsychiatric" to "psychiatric" the latter term should be defined, as is done in the bill, as including "diseases of the nervous system

which affect mental health." The term "psychiatric disorders" is also used in this defined sense in this report.

The term "mental health" is also used in various places in the bill and in this report, and is to be understood as referring to a condition of health free from "psychiatric disorders" as the latter term is defined.

Extent of the Problem and Need for Legislation

The testimony on H. R. 2550 reveals that the mental health problem is so great that it requires the type of coordinated action by the Federal Government, the States and communities, and the professions and institutions, which has been so effective in other fields of public health. Despite the contributions of public and private organizations and of individuals, the Nation has not yet made real progress toward the goal of mental health because these efforts have been limited and have lacked coordination. Research on the causes, prevention, diagnosis, and treatment of psychiatric disorders has not kept pace with research in other branches of the medical sciences, nor has the training of specialists in this field kept pace with the growing demands for psychiatrists both in the public service and in private practice. Finally, services for prevention and early diagnosis of psychiatric disorders, such as those which have been developed and made available to the people in other fields of medicine during the past decade, have not been available to the public to a sufficient extent.

The seriousness of the mental health problem has been brought to our attention very sharply by the experiences of the Selective Service System and the armed forces during the war. The Director of Selective Service testified that about 1,767,000 men were rejected for military duty because of mental or neurological diseases or defects.

In addition to those who were rejected for military service, 88,000 men were, during the period beginning January 1, 1942 and ending June 30, 1945, discharged from the Navy during their training period because of mental and neurological diseases or defects, and an additional 72,000 were discharged after a period of service. Although comparable figures for the Army were not given at the hearings, it was stated that almost 50 percent of all medical discharges from the Army have been for psychiatric disorders.

The experience of the armed forces is limited largely to the male population between the ages of 18 and 37. The extent of the mental-illness problem for the population as a whole was indicated by the President recently when he stated in his message to the Congress requesting legislation for the adoption of a national health program that, while accurate statistics are lacking:

> there is no doubt that there are at least 2,000,000 persons in the United States who are mentally ill, and that as many as 10,000,000 will probably need hospitalization for mental illness for some period in the course of their lifetime.

Indeed, your committee was made aware of the fact that more than half of all the hospital beds in this country are occupied by patients with psychiatric disorders. A much larger number of people, although not hospitalized, suffer because of what their minds or emotions subtract from their otherwise normal existence or performance.

Except for service-connected disabilities, the discovery, diagnosis and treatment of individuals with psychiatric disorders is the responsibility of the civilian health authorities. Unless prompt and vigorous

action is taken, the Nation has reason to expect during the postwar period a material increase in the volume of delinquency, suicide, homicide, and alcoholism—all of which are commonly symptoms of psychiatric disorders. Yet the testimony at the hearings shows how inadequate are the personnel, services, and facilities available to handle this problem at the present time.

For case finding and early diagnosis of psychiatric disorders and treatment of cases not needing hospitalization, it was pointed out, the Nation should have as a minimum one all-purpose psychiatric outpatient clinic for each 100,000 of the population. These clinics should also provide follow-up care for patients discharged from mental institutions where this is required. Less than 20 percent of this number of facilities is now available; these are concentrated largely in cities having more than 150,000 population and are devoted almost exclusively to child care. It was the consensus of witnesses expert in the field of psychiatry that the extension of the services of such facilities would, by the application of therapeutic measures before serious symptoms have developed, materially reduce the appearance of more serious disability in later life.

The present deficiencies in the research field are no less striking. It has been estimated that not more than $2,500,000 is spent annually on research in psychiatry and related fields, as compared with an annual expenditure of $250,000,000 for the maintenance of mental institutions. In other words, for every dollar spent to advance the knowledge of the causes, diagnosis, and cure of these diseases, the American people spend $100 to care for the known mentally ill. This is an extremely inefficient method of attacking the mental health problem. Historically, advances in public health have been characterized by the expenditure of much more substantial sums for preventive work, and by the allocation to research work of a much larger proportion of the total expenditures with respect to a disease, than is now true in the mental health field. The proponents of this legislation, recognizing the existing disproportion between expenditures for research and preventive work and expenditures for care of the mentally ill, have emphasized that the Federal funds should not be used to finance routine bed care in mental hospitals, but should be devoted in large measure to further development of existing and new techniques of preventive and treatment methods, as well as to training of much-needed personnel. Yet even with the meager resources which have been devoted to research in psychiatry, significant advances, at least in diagnosis and treatment, have been made within recent years, particularly as a result of the war. All of this research might be accelerated and brought to a more rapid usefulness through the extension of laboratory facilities and the employment of personnel of the highest caliber trained to deal with these complex problems.

The importance of research is illustrated by the fact that if an effective cure were discovered for one type of mental disorder alone, dementia praecox (schizophrenia), the number of patients resident in mental hospitals could be reduced by approximately one-half. Such a development would result in an annual saving of more than $80,000,000 in State hospitals alone.

The most serious deficiency in the mental health field, however, is the lack of trained personnel. Of all the special fields of medicine and public health, the mental health field is the least well supplied with

trained workers. Before the war there were approximately 3,500 experienced psychiatrists in the United States. This number was so inadequate that the armed forces were unable to obtain a sufficient number to take care of their needs and were compelled to set up special schools to train medical officers in psychiatry. These schools were of great value and produced many men who were useful in the handling of psychiatric cases. The short courses given in the schools were not, however, adequate substitutes for regular training in psychiatry and, as a result, the armed forces used many medical officers for psychiatric work who were not trained sufficiently to assume full responsibility for the care of patients having psychiatric disorders. Today, there are only about 4,000 experienced psychiatrists, including those in the armed forces, whereas it has been estimated we now need at least four times that many.

Not only is the number of psychiatrists and other trained specialists insufficient to meet pressing needs, but the distribution of those already in practice is uneven among the population. For example, New York State, with 10 percent of the population, has 20 percent of the psychiatrists, while a few States have none.

In 1940, the last normal prewar year, State mental hospitals had an over-all deficit of 48 percent in the number of physicians recommended for adequate care of patients. To bring the staffing of these public mental hospitals up to even minimum standards for the care of patients, the United States needed before the war 1,500 additional psychiatrists plus many times that number of other technical personnel, such as psychologists, nurses, attendants, psychiatric social workers, and occupational therapists. These deficiencies in personnel in mental institutions have been gravely aggravated by mobilization and wartime occupational shifts.

In addition to the need for trained personnel in existing institutions, at least 2,000 psychiatrists and a considerable number of other technical personnel would be needed to staff out-patient clinics and research and teaching institutions.

The lack of trained psychiatrists and other technical personnel is, however, only part of the story; for increasing the number of trained psychiatrists even to a considerable extent can never meet the psychiatric problem. The first line of psychiatric defense, it was emphasized at the hearings, is the general medical practitioner. Given adequate training in psychiatry, he will be able to recognize and handle the bulk of the minor psychiatric ailments with which his patients may be afflicted. Today, the general practitioner is inadequately trained to handle the psychiatric problems and not a little of the "bottlenecking" in psychiatry is attributable to the failure in this first line of defense.

If substantial increases in the number of psychiatrists and other technical personnel, and improvements in the caliber of psychiatric training, are to be obtained the professional schools and institutions must augment and develop their staffs and facilities. Out of 67 class A medical schools, according to a prewar survey, only 19 provided excellent undergraduate training in psychiatry while about 20 provided unsatisfactory undergraduate training in this field. The postgraduate training available in psychiatry is similarly in need of improvement. As of December 19, 1944, 237 individuals were receiving postgraduate training in psychiatric "residencies" whereas

there were in the United States an additional 500-odd "residencies" in psychiatry which were vacant. Many of these vacant "residencies" did not meet the standards of the American Psychiatric Association. As one result of this unfortunate situation the number of graduates now entering the practice of psychiatry annually barely keeps pace with the attrition due to death and retirement.

Medical school administrators, whether or not they are fully aware of the magnitude of the problem existing in the Nation, are not unaware of this great need for more and better training in psychiatry. However, without extensive financial aid they are and will continue to be unable to provide the facilities, the personnel, and clinical material necessary even to take the preliminary steps toward meeting this national psychiatric problem. The scarcity of trained personnel is at the present time the principal barrier to all expansion of mental health facilities. It is of material importance to the mental health of the Nation that the number of trained workers available for service to the public be increased as rapidly as possible.

Principal Features of the Bill

The bill projects into the field of mental health the authority which the Congress has in the past bestowed upon the Public Health Service—and which was revised and consolidated last year in the Public Health Service Act—with regard to research, grants-in-aid and fellowships, aid to the States, and cooperation with the States in the solution of their public health problems. The authority conferred by the bill would be specifically addressed to the mental health problem, and would, together with authority given the Public Health Service under existing law, permit the establishment of an effective program in this field of public health activity.

The bill establishes a National Advisory Mental Health Council to assist the Surgeon General in the planning and development of a national mental health program, including recommendations to the Surgeon General as to grants-in-aid for research projects. It authorizes the Service to provide training, instruction, and demonstrations in the field of mental health and to make grants to the States for this purpose. The bill would also provide for giving special emphasis to the mental health problem in making grants to the States for general public health services. Finally, the bill would authorize construction of buildings and facilities to be known as the National Institute of Mental Health to serve as a focal point for research, experimentation, and advanced or specialized training, and as a clearinghouse for the collection and dissemination of information concerning advances in the prevention, diagnosis, and treatment of psychiatric disorders.

Your committee believes, and it was the consensus of the witnesses at the public hearings, that the legislation here recommended will provide the leadership, stimulus, and financial resources necessary to develop a national mental health program, and that such a program is of immediate and vital importance to the Nation.

Explanation of the Bill by Sections

SECTION 1

This section provides that the bill may be cited as the "National Mental Health Act."

SECTION 2

This section provides that it is the purpose of the bill to improve the mental health of the people through authorizing the Public Health Service to conduct, to assist others in conducting, and to promote the coordination of, research, investigations, experiments, and demonstrations relating to the cause, diagnosis, and treatment of psychiatric disorders, and through authorizing the Service to train personnel in matters relating to mental health and to develop, and assist States in the use of, the most effective methods of prevention, diagnosis, and treatment of psychiatric disorders.

SECTION 3

This section adds paragraphs (l) and (m) to section 2 of the Public Health Service Act, which contains the definitions of the various terms used in that act. The first new paragraph defines the term "psychiatric disorders" to include diseases of the nervous system which affect mental health; and the reason for this definition has already been explained above, under the heading "General Statement."

The second new paragraph defines "State mental health authority" as meaning the State health authority, except in the case of a State which has a different single agency charged with responsibility for administering the State mental health program, in which case it means such other single agency. In H. R. 2550 the defined term did not appear since all dealings with the States were to be conducted through the State health authorities under that bill. It was brought to the attention of your committee during the hearings, however, that in some States there is a State agency, separate and apart from the State health authority, which has primary responsibility for the preventive mental hygiene activities and the other activities related to the State's mental health program. Your committee does not contemplate by the new definition to include those State agencies whose activities in the mental health field are restricted to jurisdiction over mental institutions and their patients. It does contemplate substitution of the other State agency for the State health authority where the former is really the State health authority in the field of mental health.

SECTION 4

The central provision of this section is subsection (d), which amends section 217 of the Public Health Service Act by adding two new subsections. The first, which would become subsection (d) of section 217, provides for the establishment of the National Advisory Mental Health Council. It is patterned after the provisions of subsection (c) of section 217 which provides for the establishment of the National Advisory Cancer Council. The second new subsection, subsection (e) of section 217, sets forth some of the functions of the National Advisory Mental Health Council. The first sentence of the

new subsection (e) provides that the new Council shall render assistance to the Surgeon General in matters relating to mental health; it is patterned after the first sentence of subsection (b) of section 217 of the Public Health Service Act which gives similar functions in the general health field to the National Advisory Health Council. The second sentence of the new subsection is patterned after paragraphs (a) and (b) of section 404 of the Public Health Service Act giving to the National Advisory Cancer Council functions with regard to recommendations for research projects and with regard to the collection and dissemination of information which are similar to those here given to the National Advisory Mental Health Council. The last sentence of the new subsection gives to the National Advisory Mental Health Council functions similar to those given, under provisions of paragraph (d) of section 404 and subsection (b) of section 403 of the Public Health Service Act, to the National Advisory Cancer Council with regard to the acceptance by the Public Health Service of conditional gifts.

Subsections (a), (b), and (c) of section 4 of the bill amend the appropriate provisions of the Public Health Service Act so as to place the National Advisory Mental Health Council, in regard to compensation for the services of its members and in regard to the utilization of such services, in a similar position to that of the National Advisory Cancer Council.

SECTION 5

This section amends subsection (b) of section 214 of the Public Health Service Act. Under the existing provisions the Surgeon General may detail personnel of the Public Health Service for the purpose of assisting any State in work related to the functions of the Service, upon the request of the State health authority. The amendment provides that the request shall come from the State mental health authority, where that differs from the general health authority, in the case of work relating to mental health.

SECTION 6

Subsections (a) and (b) of this section amend paragraphs (d) and (g) of section 301 of the Public Health Service Act by designating the new National Advisory Mental Health Council as the body to make recommendations to the Surgeon General on the awarding of grants-in-aid for research projects and on additional means for carrying out the purposes of section 301.

Subsection (c) of section 6 of the bill adds a new section, section 303, to part A of title III of the Public Health Service Act. Under paragraph (a) of the new section 303 the Surgeon General is authorized, for purposes of study, to admit and treat at the new National Institute of Mental Health (established under sec. 10 of the bill) voluntary patients, whether or not they are otherwise eligible for treatment by the Service. This authorization is patterned after similar authority granted to the Surgeon General with respect to the institutions, hospitals, and stations of the Service under paragraph (f) of section 301 of the Public Health Service Act. Paragraph (a) of the new section 303 would also authorize the transfer to the new Institute, for purposes of study, of patients from St. Elizabeths Hospital; such transfers to be

made pursuant to arrangements, approved by the Federal Security Administrator, between the superintendent of the hospital and the Surgeon General.

Clause (1) of paragraph (b) of the new section 303 would authorize the Surgeon General to provide training and instruction in matters relating to mental health to persons found by him to have proper qualifications and also to pay a per diem allowance to those of the persons selected by him for such training and instruction as he might designate. The number of persons receiving such training during any period or periods, however, could not exceed the number specified by the National Advisory Mental Health Council. The provisions of this clause are patterned after the provisions of paragraph (c) of section 402 and the provisions of paragraph (2) of subsection (a) of section 403 of the Public Health Service Act which give similar authority to the Surgeon General, but without any numerical limitation, in the case of cancer work.

Clause (2) of subsection (b) of the new section 303 would authorize the Surgeon General to provide the training and instruction, and demonstrations, in the field of mental health through grants to public and other nonprofit institutions, but only upon recommendation of the National Advisory Mental Health Council. Such grants could also be made for the construction, acquisition, or leasing of facilities which may be necessary in order to provide the training and instruction. As pointed out in the earlier part of this report, one of the primary purposes of the bill is to provide a means for remedying the great lack of trained psychiatrists and other personnel needed to operate mental health facilities. While the National Institute of Mental Health will serve as a focal point for research, experimentation, and advanced or specialized training in the field of mental health work it is contemplated that the bulk of the training will be done by public and private schools and institutions. However, the hearings on H. R. 2550 made it abundantly clear that the schools and institutions would need considerable assistance in expanding their staffs and facilities if this important objective of the bill is to be accomplished. Clause (2) of paragraph (b) is intended to give the Surgeon General authority to make grants for this purpose, as well as to make grants for the purpose of enabling the States to conduct demonstrations.

SECTION 7

This section amends section 312 of the Public Health Service Act by providing that whenever at any conference of State health authorities matters relating to mental health are to be discussed the mental health authorities of the respective States shall be invited to attend.

SECTION 8

This section amends the various provisions of section 314 of the Public Health Service Act relating to grants to the States for the establishment and maintenance of adequate public health services. Section 314 now provides for grants to the States for three primary purposes—for work in the field of venereal diseases, for work in the field of tuberculosis, and for work in the field of general public health. H. R. 2550 would have established a fourth category by providing for

grants for work in the field of mental health, separate from those already authorized for general public health work. Subsection (c) of section 314, which relates to grants for the establishment and maintenance of adequate public health services, is broad enough to permit funds granted under its provisions to be used for work in the field of mental health and your committee believe that the establishment of a separate new grant program for a specific group or type of diseases would make coordination of the various grant-in-aid programs more difficult; it might, in fact, place undue emphasis on some programs at the expense of others. Consequently, H. R. 4512, in lieu of establishing a fourth grant-in-aid program, amends the provisions of section 314 relating to grants for the establishment and maintenance of adequate public health services so as to provide that special consideration be given in making those grants to the mental-health problem. Your committee believe this will be adequate to permit accomplishment of the objectives of H. R. 2550 in the matter of grants to States while at the same time preserving the basic principles of section 314 of the Public Health Service Act.

Since H. R. 4512 contemplates increased grants to States for general public health work to take care of the expansion of mental health work, it seemed necessary to change the present limitation in subsection (c) of section 314 on the amount which may be appropriated for grants to the States for general public health work from $20,000,000 to $30,000,000. Similarly, it was thought necessary to raise from $2,000,000 to $3,000,000 the ceiling on the amount which may be used under that subsection for the provision of demonstrations and personnel to assist the States and for the training of personnel by the Public Health Service for State and local health work. The raising of these two limitations is the only change the bill would make in subsection (c) of section 314 of the Public Health Service Act.

Subsection (b) of section 8 of the bill amends subsection (d) of section 314 of the Public Health Service Act which sets forth the method for determining the amount to be allotted to each State for work in the field of venereal diseases, tuberculosis, and general public health, respectively. The amendment provides that in determining the amount to be allotted to each State for general public health work the Surgeon General shall give special consideration to the extent of the mental health problem, as well as the other special health problems, in the respective States.

Subsections (c), (d), and (e) of section 8 of the bill amend subsections (f), (h), and (i), respectively, of section 314 of the Public Health Service Act so as to provide that, in matters relating to work in the field of mental health, the Surgeon General shall deal with the State mental health authorities where they differ from the general health authorities.

SECTION 9

This section amends subsection (e) of section 501 of the Public Health Service Act so as to provide that in cases where donations of $50,000 or over are made for work in the field of mental health suitable memorials to the donors shall be provided in the National Institute of Mental Health.

SECTION 10

This section authorizes the appropriation of funds for the erection and equipment by the Federal Works Agency of buildings and facilities, for use by the Service, which shall be known as the National Institute of Mental Health. H. R. 2550 would have established the Institute as a separate administrative division within the Public Health Service. This would have interfered somewhat with the administrative flexibility now provided under the Public Health Service Act; consequently, in fitting the provisions of that bill into the Public Health Service Act, H. R. 4512 does not set up a separate statutory division for the administration of the functions of the Service in the field of mental health.

Changes in Existing Law

In compliance with paragraph 2a of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as introduced, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics (except that matter on page 4, line 5, of the introduced bill, where a printing error was made, is corrected in the italic material below), and existing law in which no change is proposed is shown in roman):

TITLE I—SHORT TITLE AND DEFINITIONS

SHORT TITLE

SECTION 1. Titles I to V, inclusive, of this Act may be cited as the "Public Health Service Act".

DEFINITIONS

SEC. 2. When used in this Act—

(a) The term "Service" means the Public Health Service;

(b) The term "Surgeon General" means the Surgeon General of the Public Health Service;

(c) The term "Administrator" means the Federal Security Administrator;

(d) The term "regulations", except when otherwise specified, means rules and regulations made by the Surgeon General with the approval of the Administrator;

(e) The term "executive department" means any executive department, agency, or independent establishment of the United States or any corporation wholly owned by the United States;

(f) The term "State" means a State or the District of Columbia, Hawaii, Alaska, Puerto Rico, or the Virgin Islands, except that as used in section 361 (d) such term means a State, the District of Columbia, or Alaska;

(g) The term "possession" includes, among other possessions, Puerto Rico and the Virgin Islands;

(h) The term "seamen" includes any person employed on board in the care, preservation, or navigation of any vessel, or in the service, on board, of those engaged in such care, preservation, or navigation;

(i) The term "vessel" includes every description of watercraft or other artificial contrivance used, or capable of being used, as a means of transportation on water, exclusive of aircraft and amphibious contrivances;

(j) The term "habit-forming narcotic drug" or "narcotic" means opium and coca leaves and the several alkaloids derived therefrom, the best known of these alkaloids being morphia, heroin, and codeine, obtained from opium, and cocaine derived from the coca plant; all compounds, salts, preparations, or other derivatives obtained either from the raw material or from the various alkaloids; Indian hemp and its various derivatives, compounds, and preparations, and peyote in its various forms; [and]

(k) The term "addict" means any person who habitually uses any habit-forming narcotic drugs so as to endanger the public morals, health, safety, or welfare, or

who is or has been so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his [addiction.] *addiction;*

(l) The term "psychiatric disorders" includes diseases of the nervous system which affect mental health; and

(m) The term "State mental health authority" means the State health authority, except that, in the case of any State in which there is a single State agency, other than the State health authority, charged with responsibility for administering the mental health program of the State, it means such other State agency.

* * * * * * *

PAY AND ALLOWANCES

SEC. 209. (a) Commissioned officers of the Regular Corps shall receive such pay and allowances as are or may hereafter be provided by law.

(b) Reserve officers shall receive the same pay and allowances when on active duty as commissioned officers of the Regular Corps, including allowances for travel and transportation of household goods and effects.

(c) In accordance with regulations of the President, commissioned officers of the Regular Corps and officers of the Reserve on active duty may make allotments from their pay and may be granted leaves of absence without any deduction from their pay. Such officers shall also be permitted to purchase quartermaster supplies from the Army, Navy, and Marine Corps at the same price as is charged officers of the Army, Navy, and Marine Corps.

(d) Female commissioned officers of the Service shall receive the same pay and allowances as male officers of corresponding grades, including allowances for dependents, except that no allowance shall be paid to any female commissioned officer on account of any dependent who is not in fact dependent upon such officer for his or her chief support. For the purposes of this subsection the term "dependent" shall include a husband, father, mother, and unmarried children (including stepchildren and adopted children) under twenty-one years of age.

(e) Members of the National Advisory Health Council, *members of the National Advisory Mental Health Council,* and members of the National Advisory Cancer Council, other than ex officio members, while attending conferences or meetings of their respective Councils or while otherwise serving at the request of the Surgeon General, shall be entitled to receive compensation at a rate to be fixed by the Administrator, but not exceeding $25 per diem, and shall also be entitled to receive an allowance for actual and necessary traveling and subsistence expenses while so serving away from their places of residence.

(f) Field employees of the Service, except those employed on a per diem or fee basis, who render part-time duty and are also subject to call at any time for services not contemplated in their regular part-time employment, may be paid annual compensation for such part-time duty and, in addition, such fees for such other services as the Surgeon General may determine; but in no case shall the total paid to any such employee for any fiscal year exceed the amount of the minimum annual salary rate of the classification grade of the employee.

(g) Whenever any commissioned or other officer or employee of the Service is assigned for duty which the Surgeon General finds requires intimate contact with persons afflicted with leprosy, he may receive, as provided by regulations of the President, in addition to the pay and any allowances of his grade, not more than one-half the pay of such grade, and such allowances or increased allowances as may be provided for by such regulations.

(h) Individuals appointed under section 208 (d) shall have included in their fellowships such stipends or allowances, including travel and subsistence expenses, as the Surgeon General may deem necessary to procure qualified fellows.

* * * * * * *

DETAIL OF PERSONNEL

SEC. 214. (a) The Administrator is authorized, upon the request of the head of an executive department, to detail officers or employees of the Service to such department for duty as agreed upon by the Administrator and the head of such department in order to cooperate in, or conduct work related to, the functions of such department or of the Service. When officers or employees are so detailed their salaries and allowances may be paid from working funds established as provided by law, or may be paid by the Service from applicable appropriations and reimbursement may be made as agreed upon by the Administrator and the head of the executive department concerned. Officers detailed for duty with

the Army, Navy, or Coast Guard shall be subject to the laws for the government of the service to which detailed.

(b) Upon the request of any State health authority *or, in the case of work relating to mental health, any State mental health authority,* personnel of the Service may be detailed by the Surgeon General for the purpose of assisting such State or a political subdivision thereof in work related to the functions of the Service.

(c) The Surgeon General may detail personnel of the Service to nonprofit educational, research, or other institutions engaged in health activities for special studies of scientific problems and for the dissemination of information relating to public health.

(d) Personnel detailed under subsections (b) and (c) shall be paid from applicable appropriations of the Service, except that, in accordance with regulations such personnel may be placed on leave without pay and paid by the State, subdivision, or institution to which they are detailed. The services of personnel while detailed pursuant to this section shall be considered as having been performed in the Service for purposes of longevity pay, promotion, retirement, compensation for injury or death, and the benefits provided by section 212.

* * * * * * *

NATIONAL ADVISORY HEALTH [AND] CANCER, *AND MENTAL HEALTH* COUNCILS

SEC. 217. (a) The National Advisory Health Council shall consist of fourteen members. The Director of the National Institute of Health, and three experts, one each from the Army, the Navy, and the Bureau of Animal Industry, to be detailed by the Secretary of War, the Secretary of the Navy, and the Secretary of Agriculture, respectively, shall be ex officio members of the Council. The Surgeon General, with the approval of the Administrator, shall appoint, without regard to the civil-service laws, ten members of the Council who shall be persons, not otherwise in the employ of the United States, skilled in the sciences related to health. Each appointed member shall hold office for a term of five years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term. An appointed member shall not be eligible to serve continuously for more than five years but shall be eligible for reappointment if he has not served immediately preceding his reappointment.

(b) The National Advisory Health Council shall advise, consult with, and make recommendations to, the Surgeon General on matters relating to health activities and functions of the Service. The Surgeon General is authorized to utilize the services of any member or members of the [Council.] *Council* and, where appropriate, any member or members of the National Advisory Cancer Council *or of the National Advisory Mental Health Council,* in connection with matters related to the work of the Service, for such periods, in addition to conference periods, as he may determine.

(c) The National Advisory Cancer Council shall consist of the Surgeon General ex officio, who shall be Chairman, and of six members to be appointed without regard to the civil-service laws by the Surgeon General with the approval of the Administrator. The six appointed members shall be selected from leading medical or scientific authorities who are outstanding in the study, diagnosis, or treatment of cancer. Each appointed member shall hold office for a term of three years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term. An appointed member shall not be eligible to serve continuously for more than three years but shall be eligible for reappointment if he has not served immediately preceding his reappointment.

(d) The National Advisory Mental Health Council shall consist of the Surgeon General, ex officio, who shall be chairman, and six members to be appointed without regard to the civil-service laws by the Surgeon General with the approval of the Administrator. The six appointed members shall be selected from leading medical or scientific authorities who are outstanding in the study, diagnosis, or treatment of psychiatric disorders. Each appointed member shall hold office for a term of three years, except that any member appointed to fill a vacancy occuring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the first terms of the original appointed members shall expire, as designated by the Surgeon General at the time of appointment, two at the end of one year, two at the end of two years, and two at the end of three years. An appointed member shall not be eligible to serve continuously for more than three years but shall be eligible for reappointment if he has not served immediately preceding his reappointment.

(e) The National Advisory Mental Health Council shall advise, consult with, and make recommendations to the Surgeon General on matters relating to the activities and functions of the Service in the field of mental health. The Council is authorized (1) to review research projects or programs submitted to or initiated by it in the field of mental health and recommend to the Surgeon General, for prosecution under this Act, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis and treatment of psychiatric disorders; and (2) to collect information as to studies being carried on in the field of mental health and, with the approval of the Surgeon General, make available such information through the appropriate publications for the benefit of health and welfare agencies or organizations (public or private), physicians, or any other scientists, and for the information of the general public. The Council is also authorized to recommend to the Surgeon General, for acceptance pursuant to section 501 of this Act, conditional gifts for work in the field of mental health; and the Surgeon General shall recommend acceptance of any such gifts only after consultation with the Council.

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

PART A—RESEARCH AND INVESTIGATIONS

IN GENERAL

SEC. 301. The Surgeon General shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Surgeon General is authorized to—

(a) Collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;

(b) Make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(c) Establish and maintain research fellowships in the Service with such stipends and allowances, including traveling and subsistence expenses, as he may deem necessary to procure the assistance of the most brilliant and promising research fellows from the United States and abroad;

(d) Make grants in aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the National Advisory Health Council, or, with respect to cancer, recommended by the National Advisory Cancer Council, *or, with respect to mental health, recommended by the National Advisory Mental Health Council;*

(e) Secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(f) For purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment; and

(g) Adopt, upon recommendation of the National Advisory Health Council, or, with respect to cancer, upon recommendation of the National Advisory Cancer Council, *or, with respect to mental health, upon recommendation of the National Advisory Mental Health Council,* such additional means as he deems necessary or appropriate to carry out the purposes of this section.

NARCOTICS

SEC. 302. (a) In carrying out the purposes of section 301 with respect to narcotics, the studies and investigations shall include the use and misuse of narcotic drugs, the quantities of crude opium, coca leaves, and their salts, derivatives, and preparations, together with reserves thereof, necessary to supply the normal and emergency medicinal and scientific requirements of the United States. The results of studies and investigations of the quantities of crude opium, coca leaves, or other narcotic drugs, together with such reserves thereof, as are necessary to supply the normal and emergency medicinal and scientific requirements of the

United States, shall be reported not later than the 1st day of September each year to the Secretary of the Treasury, to be used at his discretion in determining the amounts of crude opium and coca leaves to be imported under the Narcotic Drugs Import and Export Act, as amended.

(b) The Surgeon General shall cooperate with States for the purpose of aiding them to solve their narcotic drug problems and shall give authorized representatives of the States the benefit of his experience in the care, treatment, and rehabilitation of narcotic addicts to the end that each State may be encouraged to provide adequate facilities and methods for the care and treatment of its narcotic addicts.

MENTAL HEALTH

SEC. 303. In carrying out the purposes of section 301 with respect to mental health, the Surgeon General is authorized—

(a) For purposes of study, to admit and treat at the National Institute of Mental Health, voluntary patients, whether or not otherwise eligible for such treatment by the Service, and patients of Saint Elizabeths Hospital transferred from the hospital pursuant to arrangements made between the Surgeon General and the Superintendent of the hospital with the approval of the Administrator;

(b) (1) To provide training and instruction, in matters relating to the diagnosis, prevention, and treatment of psychiatric disorders, to persons found by him to have proper qualifications, and to fix and to pay to any of such persons as he may designate a per diem allowance during such training and instruction of not to exceed $10, the number of such persons to be fixed by the National Advisory Mental Health Council; and (2) to provide such training and instruction, and demonstrations, through grants, upon recommendation of the National Advisory Mental Health Council, to public and other nonprofit institutions, including grants to such institutions for the construction, acquisition, or leasing of hospital, clinic, and related facilities necessary for the purposes of such training and instruction.

PART B—FEDERAL-STATE COOPERATION

IN GENERAL

SEC. 311. The Surgeon General is authorized to accept from State and local authorities any assistance in the enforcement of quarantine regulations made pursuant to this Act which such authorities may be able and willing to provide. The Surgeon General shall also assist States and their political subdivisions in the prevention and suppression of communicable diseases, shall cooperate with and aid State and local authorities in the enforcement of their quarantine and other health regulations and in carrying out the purposes specified in section 314, and shall advise the several States on matters relating to the preservation and improvement of the public health.

HEALTH CONFERENCES

SEC. 312. A conference of the health authorities of the several States shall be called annually by the Surgeon General. Whenever in his opinion the interests of the public health would be promoted by a conference, the Surgeon General may invite as many of such health authorities to confer as he deems necessary or proper. Upon the application of health authorities of five or more States it shall be the duty of the Surgeon General to call a conference of all State and Territorial health authorities joining in the request. Each State represented at any conference shall be entitled to a single vote. *Whenever at any such conference matters relating to mental health are to be discussed, the mental-health authorities of the respective States shall be invited to attend.*

COLLECTION OF VITAL STATISTICS

SEC. 313. To secure uniformity in the registration of mortality, morbidity, and vital statistics the Surgeon General shall prepare and distribute suitable and necessary forms for the collection and compilation of such statistics which shall be published as a part of the health reports published by the Surgeon General.

GRANTS AND SERVICES TO STATES

SEC. 314. (a) To enable the Surgeon General to carry out the purposes of section 301 with respect to developing more effective measures for the prevention, treatment, and control of venereal diseases, and to assist, through grants and as

otherwise provided in this section, States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate measures for the prevention, treatment, and control of such diseases, including the training of personnel for State and local health work, and to enable him to prevent and control the spread of the venereal diseases in interstate traffic, and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist in carrying out the purposes of this section with respect to the venereal diseases, and to administer this section with respect to such diseases, there is hereby authorized to be appropriated for each fiscal year a sum sufficient to carry out the purposes of this subsection.

(b) To enable the Surgeon General to carry out the purposes of section 301 with respect to developing more effective measures for the prevention, treatment, and control of tuberculosis, and to assist, through grants and as otherwise provided in this section, States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate measures for the prevention, treatment, and control of such disease, including the provision of appropriate facilities for care and treatment and including the training of personnel for State and local health work, and to enable him to prevent and control the spread of tuberculosis in interstate traffic, and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist in carrying out the purposes of this section with respect to tuberculosis, and to administer this section with respect to such disease, there is hereby authorized to be appropriated for the fiscal year ending June 30, 1945, the sum of $10,000,000, and for each fiscal year thereafter a sum sufficient to carry out the purposes of this subsection.

(c) To enable the Surgeon General to assist, through grants and as otherwise provided in this section, States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services, including grants for demonstrations and for the training of personnel for State and local health work, there is hereby authorized to be appropriated for each fiscal year a sum not to exceed [$20,000,000] *$30,000,000.* Of the sum appropriated for each fiscal year pursuant to this subsection there shall be available an amount, not to exceed [$2,000,000] *$3,000,000,* to enable the Surgeon General to provide demonstrations and to train personnel for State and local health work and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist States in carrying out the purposes of this subsection.

(d) For each fiscal year, the Surgeon General, with the approval of the Administrator, shall determine the total sum from the appropriation under subsection (a), the total sum from the appropriation under subsection (b), and, within the limits specified in subsection (c), the total sum from the appropriation under that subsection which shall be available for allotment among the Several States. He shall, in accordance with regulations, from time to time make allotments from such sums to the several States on the basis of (1) the population, (2) the [size] *extent* of the venereal-disease problem, the [size] *extent* of the tuberculosis problem, *the extent of the mental health problem,* and the [size] *extent* of other special health problems, respectively, and (3) the financial need of the respective States. Upon making such allotments the Surgeon General shall notify the Secretary of the Treasury of the amounts thereof.

(e) The Surgeon General, with the approval of the Administrator, shall from time to time determine the amounts to be paid to each State from the allotments to such State, and shall certify to the Secretary of the Treasury, the amounts so determined, reduced or increased, as the case may be, by the amounts by which he finds that estimates of required expenditures with respect to any prior period were greater or less than the actual expenditures for such period. Upon receipt of such certification, the Secretary of the Treasury shall, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, pay in accordance with such certification.

(f) The moneys so paid to any State shall be expended solely in carrying out the purposes specified in subsection (a), or subsection (b), or subsection (c) of this section, as the case may be, and in accordance with plans, *approved by the Surgeon General, which have been* presented by the health authority of such State and *to the extent any such plan contains provisions relating to mental health, by the mental health authority of such State* [approved by the Surgeon General].

(g) Money so paid shall be paid upon the condition that there shall be spent in such State for the same general purpose from funds of such State and its political subdivisions an amount determined in accordance with regulations.

(h) Whenever the Surgeon General, after reasonable notice and opportunity for hearing to the health authority *or, where appropriate, the mental health authority* of the State, finds that, with respect to money paid to the State out of appropriations under subsection (a), or subsection (b), or subsection (c), as the case may be, there is a failure to comply substantially with either—

(1) the provisions of this section;

(2) the plan submitted under subsection (f); or

(3) the regulations:

the Surgeon General shall notify such State health authority *or mental health authority* either that further payments will not be made to the State from appropriations under such subsection (or in his discretion that further payments will not be made to the State from such appropriations for activities in which there is such failure), until he is satisfied that there will no longer be any such failure. Until he is so satisfied the Surgeon General shall make no further certification for payment to such State from appropriations under such subsection, or shall limit payment to activities in which there is no such failure.

(i) All regulations and amendments thereto with respect to grants to States under this section shall be made after consultation with a conference of the State health authorities *and, in the case of regulations or amendments which relate to or in any way affect grants under subsection (c) for work in the field of mental health, the State mental health authorities.* Insofar as practicable, the Surgeon General shall obtain the agreement, *prior to the issuance of any such regulations or amendments,* of the State health authorities *and, in the case of regulations or amendments which relate to or in any way affect grants under subsection (c) for work in the field of mental health, the State mental health authorities* [prior to the issuance of any such regulations or amendments].

(j) Funds appropriated under subsection (a) and funds appropriated under subsection (b), in addition to being available for payments to States, shall also be available for expenditure by the Surgeon General in otherwise carrying out the respective subsections, including expenditures for printing and binding of the findings of investigations, and for pay and allowances and traveling expenses of personnel of the Service engaged in activities authorized by the respective subsections.

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TITLE V—MISCELLANEOUS

GIFTS

SEC. 501. (a) The Administrator is authorized to accept on behalf of the United States gifts made unconditionally by will or otherwise for the benefit of the Service or for the carrying out of any of its functions. Conditional gifts may be so accepted if recommended by the Surgeon General, and the principal of and income from any such conditional gift shall be held, invested, reinvested, and used in accordance with its conditions, but no gift shall be accepted which is conditioned upon any expenditure not to be met therefrom or from the income thereof unless such expenditure has been approved by Act of Congress.

(*b*) Any unconditional gift of money accepted pursuant to the authority granted in subsection (a) of this section, the net proceeds from the liquidation (pursuant to subsection (c) or subsection (d) of this section) of any other property so accepted, and the proceeds of insurance on any such gift property not used for its restoration, shall be deposited in the Treasury of the United States and are hereby appropriated and shall be held in trust by the Secretary of the Treasury for the benefit of the Service, and he may invest and reinvest such funds in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States. Such gifts and the income from such investments shall be available for expenditure in the operation of the Service and the performance of its functions, subject to the same examination and audit as is provided for appropriations made for the Service by Congress.

(c) The evidences of any unconditional gift of intangible personal property, other than money, accepted pursuant to the authority granted in subsection (a) of this section shall be deposited with the Secretary of the Treasury and he, in his discretion, may hold them, or liquidate them except that they shall be liquidated upon the request of the Administrator, whenever necessary to meet payments required in the operation of the Service or the performance of its functions. The proceeds and income from any such property held by the Secretary of the Treasury shall be available for expenditure as is provided in subsection (b) of this section.

(d) The Administrator shall hold any real property or any tangible personal property accepted unconditionally pursuant to the authority granted in subsection (a) of this section and he shall permit such property to be used for the operation of the Service and the performance of its functions or he may lease or hire such property, and may insure such property, and deposit the income thereof with the Secretary of the Treasury to be available for expenditure as provided in subsection (b) of this section: *Provided,* That the income from any such real property or tangible personal property shall be available for expenditure in the discretion of the Administrator for the maintenance, preservation, or repair and insurance of such property and that any proceeds from insurance may be used to restore the property insured. Any such property when not required for the operation of the Service or the performance of its functions may be liquidated by the Administrator, and the proceeds thereof deposited with the Secretary of the Treasury, whenever in his judgment the purposes of the gifts will be served thereby.

(e) Donations of $50,000 or over in aid of research may be acknowledged by the establishment *of suitable memorials to the donors,* within the National Institute of Health [of suitable memorials to the donors] *or, where appropriate, within the National Institute of Mental Health.*

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